

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OFC 7/22/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION Poc #1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445498		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/07/2012	
NAME OF PROVIDER OR SUPPLIER BRISTOL NURSING HOME <i>acceptable</i>				STREET ADDRESS, CITY, STATE, ZIP CODE 261 NORTH STREET BRISTOL, TN 37625			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 250 SS=D	<p>483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE</p> <p>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to provide medically-related social services for one discharged resident (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on January 31, 2012, with diagnoses including Closed-Head Injury; Left-Sided Hemiparesis; Epilepsy; Paralysis Agitans (Parkinson's Disease); Hypertension; and Venous Thrombosis.</p> <p>Medical record review of an Initial Social Service History form, dated February 1, 2012, revealed, "...Discharge Planning...Hoping to rehab back to return home with children..."</p> <p>Medical record review of a Minimum Data Set (MDS) dated April 10, 2012, revealed the Resident's functional status for ADL's (Activities of Daily Living), ranged from extensive assist to total dependence. Continued review revealed the Resident's range of motion in the upper and lower extremities were functionally impaired on one side.</p>			F 250	<p>This plan constitutes our credible allegation of compliance. However, the submission of this allegation of compliance is not an admission that a deficiency exists or that one was cited correctly. This allegation of compliance is submitted to meet the requirements established by state and federal law.</p> <p>F 250</p> <p>Corrective action(s) will be accomplished for those residents found to be affected by the deficient practice</p> <p>Resident #1 no longer resides in the facility. Home services are being provided by Choices. A follow up call on 5/30/12 was made to the Choices Case Manager to see if any other assistance was needed. Needs are being met at this time by the Choices Program.</p>		<i>6/18/12</i>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Christopher A. Gaddy**Administrator**6/18/12*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 250	<p>Continued From page 1</p> <p>Medical record review of a Physician's Telephone Order dated May 1, 2012, revealed, "...Home Health for ADL's, PT (Physical Therapy), and OT (Occupational Therapy)..."</p> <p>Medical record review of a Care Plan Meeting/Notice dated May 3, 2012, revealed, "...Review...Therapy...equipment-elevated walker, wheelchair, toilet seat..."</p> <p>Medical record review of a Care Plan dated May 3, 2012, revealed, "...Scheduled to be discharged home...Review for...Home Health and equipment...Role(s)...SS (Social Services)..."</p> <p>Medical record review of the Discharge Instructions for Care dated May 9, 2012, revealed the Resident required assistance with transfers from the bed-to-chair, walking, stairs, bathing, dressing and toilet use. Continued review revealed no documentation of arrangements for Home Health services, to include PT and OT, and/or arrangements for equipment for ADL's, such as a walker or bedside commode (Resident had a wheelchair prior to admission and was discharge with the wheelchair).</p> <p>Medical record review revealed no documentation the facility made arrangements for Home Health services, to include PT and OT, and/or arrangements for equipment for ADL's.</p> <p>Medical record review of the Social Service Progress Notes revealed no documentation Social Services provided medically-related social services to include arrangements for Home Health Services or equipment for ADL's.</p>	F 250	<p>Identify other residents to having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>On 5/29/12 the Social Worker was re-educated on job duties and responsibilities by the Quality Assurance Nurse. The social worker received additional training from a licensed Social Worker from 6/11/12 through 6/13/12 on job duties and discharge planning.</p> <p>Measures/systemic changes implemented to ensure the alleged deficient practice does not reoccur</p> <p>Residents scheduled to be discharge will be reviewed Monday through Friday in the daily clinical meeting. The discharge check off sheet will be completed by the Social Worker within three to five days of the scheduled discharge date. The Medical Records Director will audit discharge records weekly for four weeks and then monthly for two months and then PRN to ensure compliance.</p>	<p>6/18/12</p> <p>6/18/12</p>	

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OMB NO. 0938-0391

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F 250	Continued From page 2 Interview with the Director of Social Services (DSS) on May 30, 2012, at 1:15 p.m., in the Conference Room, confirmed the DSS was aware the resident was going to be discharged from the facility. Continued interview confirmed the DSS failed to make arrangements for Home Health Services and equipment for ADL's, prior to the Resident's discharge from the facility. Continued interview confirmed the facility failed to provide medically-related social services for the Resident. Interview with the Administrator on May 30, 2012, at 1:25 p.m., in the Conference Room, confirmed the facility failed to make arrangements for Home Health services and equipment for ADL's, prior to the Resident's discharge from the facility. Continued interview with the Administrator confirmed the facility failed to provide medically-related social services for the Resident.	F 250	Corrective actions will be monitored to ensure the deficient practice will not reoccur: The Medical Records Director will report audit findings to the Quality Assurance Committee monthly. The Quality Assurance Committee made up of the (Administrator, Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Activities Director, Social Services Director and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved.	6/19/12	
F 284 SS=D	C/O #29829 483.20(l)(3) ANTICIPATE DISCHARGE: POST-DISCHARGE PLAN When the facility anticipates discharge a resident must have a discharge summary that includes a post-discharge plan of care that is developed with the participation of the resident and his or her family, which will assist the resident to adjust to his or her new living environment. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to develop a post-discharge plan of care to provide arrangements for home health	F 284			

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F 284	<p>Continued From page 3</p> <p>services, to include Physical and Occupational Therapy Services, and failed to provide arrangements for equipment for Activities of Daily Living for one discharged resident (#1) of five residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on January 31, 2012, with diagnoses including Closed-Head Injury; Left-Sided Hemiparesis; Epilepsy; Paralysis Agitans (Parkinson's Disease); Hypertension; and Venous Thrombosis.</p> <p>Medical record review of a Minimum Data Set (MDS) dated April 10, 2012, revealed the Resident's functional status for ADL's (Activities of Daily Living), ranged from extensive assist to total dependence. Continued review revealed the Resident's range of motion in the upper and lower extremities were functionally impaired on one side.</p> <p>Medical record review of a Nurse Practitioner's Progress Note dated May 1, 2012, revealed, "...Plan D/C (discharge) with Home Health..."</p> <p>Medical record review of a Physician's Telephone Order dated May 1, 2012, revealed, "...Home Health for ADL's (Activities of Daily Living), PT (Physical Therapy), and OT (Occupational Therapy)..."</p> <p>Medical record review of a Care Plan Meeting/Notice dated May 3, 2012, revealed, "...Review...Therapy...equipment-elevated walker, wheelchair, toilet seat..."</p>	F 284	<p>F284</p> <p>Corrective action(s) will be accomplished for those residents found to be affected by the deficient practice</p> <p>Resident # 1 no longer resides in the facility. Post discharge plan of care is being provided by the Choices program. On 5/30/12 a follow up call was made to the Choices case manager to see if any other assistance was needed. Needs are being met at this time by the Choices program.</p> <p>Identify other residents to having the potential to be affected by the same deficient practice and what corrective action will be taken</p> <p>On 5/29/12 the Social Worker was re-educated on job duties and responsibilities by the Quality Assurance Nurse. The social worker received additional training from a licensed Social Worker from 6/11/12 through 6/13/12 on job duties and discharge planning.</p>	<p>6/15/12</p> <p>6/18/12</p>	

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F 284	<p>Continued From page 4</p> <p>Medical record review of a Care Plan dated May 3, 2012, revealed, "...Scheduled to be discharged home...Review for...Home Health and equipment...Role(s)...SS (Social Services)..."</p> <p>Medical record review of the Discharge Instructions for Care dated May 9, 2012, revealed the Resident required assistance with transfers from the bed-to-chair, walking, stairs, bathing, dressing and toilet use. Continued review revealed no documentation of arrangements for Home Health services, to include PT and OT, and/or arrangements for equipment for ADLs, such as a walker or bedside commode (Resident had a wheelchair prior to admission and was discharge with the wheelchair).</p> <p>Medical record review revealed no documentation the facility made arrangements for Home Health services, to include PT and OT, and/or arrangements for equipment for ADLs.</p> <p>Interview with the Director of Social Services (DSS) on May 30, 2012, at 1:15 p.m., in the Conference Room, confirmed the DSS was aware the resident was going to be discharged from the facility and the facility failed to make arrangements for Home Health Services, to include PT and OT services, and equipment for ADLs.</p> <p>Interview with the Administrator on May 30, 2012, at 1:25 p.m., in the Conference Room, confirmed the facility failed to make arrangements for Home Health services, to include PT and OT services, and equipment for ADL's.</p> <p>C/O #29829</p>	F 284	<p>Measures/systemic changes implemented to ensure the alleged deficient practice does not reoccur</p> <p>Residents scheduled for discharge will be reviewed Monday through Friday in the daily clinical meeting. The Social Worker will initiate a post discharge plan of care with input from the resident/family. Prior to discharge a copy will be given to the resident/family to help assist the resident adjust to his or her new living environment. The Medical Records Director will audit discharge records weekly for four weeks and then monthly for two months and PRN to ensure compliance.</p> <p>Corrective actions will be monitored to ensure the deficient practice will not reoccur:</p> <p>The Medical Records Director will report audit findings to the Quality Assurance Committee monthly.</p> <p>The Quality Assurance Committee made up of the (Administrator, Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Activities Director, Social Services Director and Therapy Manager) will make recommendations to revise or improve the process and determine when compliance has been achieved.</p>	6/18/12	6/18/12

DISCHARGE_CHECKLIST

RESIDENT _____

ANTICIPATED DATE OF DISCHARGE _____

DISCHARGE CARE PLAN MEETING _____

NOTES/COMMENTS _____

MD ORDER _____ HOME HEALTH ORDER _____ DME ORDER _____

CHOICES NOTIFICATION: DATE _____ CONTACT PERSON _____

NURSING DISCHARGE EDUCATION COMPLETED _____

ORDERS FAXED TO PHARMACY: NAME _____ FAX # _____

ORDERS FAXED TO HOME HEALTH AGENCY: NAME _____

CONTACT NAME: _____

ORDERS FAXED TO DME COMPANY: NAME _____

CONTACT NAME: _____

DISCHARGE DATE: _____ TRANSPORTED BY: _____

DISCHARGE PLAN GIVEN TO RESIDENT/FAMILY _____

FOLLOW-UP PHONE CALL (24 HOURS) _____

FOLLOW-UP MD APPOINTMENT: MD _____ DATE: _____

SIGNATURE _____ DATE _____

DISCHARGE INSTRUCTIONS FOR CARE

Resident Name

Rm #

Record #

Date

You are being discharged to: ☐ Home ☐ a Care Facility (see facility name and address below)

Facility Name

Address

City/State/Zip

Phone

MEDICATIONS

☐ Copy of medications given☐ None

MEDICATION NAME	DOSE/FREQUENCY	COMMENT	QTY SENT W/HES	RX SENT W/HES	RX SENT TO PHAR

WOUND CARE/TREATMENTS/THERAPY

☐ Copy of treatments given☐ None

TREATMENTS/THERAPY NEEDED	FOR WHAT PURPOSE	FREQUENCY

DIET

☐ Copy of diet given☐ No restrictions☐ Limit the following: ☐ Salt ☐ Sugar ☐ Fat ☐ Calories to: _____☐ Special instructions: _____☐ Suggested diet: _____

PHYSICAL STATUS OF RESIDENT

☐ No limitations☐ You should limit your activities to: _____

AMBULATION	INDEP.	ASSIST.	UNABLE	COMMENTS	ADLS	INDEP.	ASSIST.	UNABLE	COMMENTS
Bed-to-Chair					Bathing				
Walking					Dressing				
Stairs					Eating				
Wheelchair					Brushes Teeth				
Cane					Hair Care				
					Toilet Use				

RESOURCES/SERVICES

Phone

Address

City/State/Zip

State Ombudsman			
Home Healthcare			
Hospice			
Meals			
Other			

IMPORTANT NUMBERS

Physician Name	Phone	Pharmacy Name	Phone
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FOLLOW-UP CARE

The appointment(s) below have been scheduled for you. If you are unable to make the appointment, please call as soon as possible to reschedule.

Appointment With	For What Purpose	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Phone
Appointment With	For What Purpose	Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Phone

The Discharge Instructions for Care have been reviewed with me in a language I understand, and my questions have been answered to my satisfaction. I have received the medications or prescriptions identified above.

Signature of Person Receiving Instructions	Relationship to Resident	Date
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Completed by (Signature/Title)	Date	Time	<input type="checkbox"/> AM	Facility Name	Phone
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